



# Donation Request Form

We would absolutely love to donate to every cause, but in order to make the most impact, our donations are specifically designated for individuals, families, & caregivers who are battling cancer or enduring major life-threatening health challenges.

Our giving plan is based on the connection to our mission & values of sharing kindness & generosity while giving back to individuals in times of need & brightening someone's day!

Please provide the following information for a donation consideration.

## EVENT INFORMATION

Organization Name: \_\_\_\_\_ Nonprofit or Tax ID #: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date & Time of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Expected Attendance of Event: \_\_\_\_\_ Need Donation By: \_\_\_\_\_

## CONTACT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## DETAILS

What are you requesting to be donated & how will the donation be utilized? \_\_\_\_\_

\_\_\_\_\_

How will this event benefit our community or individuals? List any additional information or details you would like us to know when evaluating your request. \_\_\_\_\_

\_\_\_\_\_

**Each month we allocate a budget to provide support for causes that align with our mission & values. Please note: at times, we receive more requests than can be honored.**